

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028204

3893

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 6 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

FRANK ELLIS

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 4/14	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1522 1/2 E 12th St
3. NAME OF DECEASED (Type or print) First Darris Middle Canada Last Canada		4. DATE OF DEATH Month July Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-25-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe RR	9. AGE (last birthday) 62
11a. FATHER'S NAME William Canada		11b. BIRTHPLACE (City and state or country) Conover La	
12a. MOTHER'S MAIDEN NAME Josephine Williams		12b. CITIZEN OF WHAT COUNTRY U.S.A	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		14. NAME OF HUSBAND OR WIFE unknown	
15. SOCIAL SECURITY NO. no		16. INFORMANT Sarah Graham	
17. ADDRESS 1800 E Walnut St Hannoverville Mo		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuberculous peritonitis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:03 Month, Day, Year 7-5-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 2400 Cherry	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 7-5-63 to 7-7-63 and last saw her alive on 7-7-63		22a. SIGNATURE [Signature]	
22b. ADDRESS 2400 Cherry		22c. DATE SIGNED 7-8-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-13-63	
23c. NAME OF CEMETERY OR CREMATORY Threepoint La		23d. LOCATION (City, town, or county) (State) La	
24. FUNERAL DIRECTOR E. Sterling Bills		25. DATE RECD. BY LOCAL REG. 7-11-63	
26. REGISTRAR'S SIGNATURE [Signature]		27. EMBELMER'S STATEMENT ON REVERSE SIDE	

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address

1212 Vine St
K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.